

APPLICATION TO ESTABLISH A FACILITYNORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS BANKING AND TRUST COMPANIES DIVISION

SFN 50788 (Rev. 12-2002)

2000 Schafer Street, Suite G Bismarck, ND 58501-1204 Telephone (701) 328-9933 Fax Number (701) 328-9955 Email dfi@state.nd.us

Name			
Charter Address	City	State	Zip Code
Charter Address	City	State	Zip Code
Proposed Facility			
Address	City	State	Zip Code
Address	City	State	Zip Code

INFORMATION FOR THE APPLICANT

Schedules or inserts may be attached to this application whenever additional space is needed. Such attached schedules or inserts are a part of this application and should be on 81/2 X 11 paper. Applications are to be securely bound.

A preliminary application should be first submitted for Department review. Upon determination the application is complete, the Department will request an original application and ten copies. A complete copy should be retained by the bank.

Any facsimile filed application has the same force and effect as the original. Within five (5) days after the Department or State Banking Board received the facsimile transmission, the original signed document and filing fee must be received by the Board.

Requests for clarification as to what information is necessary to complete this application should be directed to the Department of Financial Institutions.

You may provide any information in addition to that requested in this application which, in your opinion, might aid in the disposition of your proposal.

Complete responses to all questions in this application will expedite processing.

An application fee of one thousand five hundred (\$1,500) must accompany the application.

If a bank wishes to establish more than one facility, a separate application and fee for each facility is necessary.

In preparing your application, keep in mind that the State Banking Board deems that public policy warrants making all information submitted to it in connection with your application available for public review unless it is confidential in nature.

It is the responsibility of the applicant to identify the information submitted with the proposal which it deems CONFIDENTIAL clearly and on separate pages. Under the confidentiality statute, records considered confidential must meet the following criteria: (1) trade secrets and commercial or financial information; (2) personal and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of privacy; and (3) examination report information. However, the determination of the question of confidentiality and the discretion to release information submitted to it which is exempt resides with the State Banking Board. Specific information you indicate to be confidential may be made available for public review after consideration.

As an additional service, this application is available on 31/2" disk format, Microsoft Word, by contacting the Department.

RESOLUTION OF BOARD OF DIRECTORS OF APPLICANT BANK

The Board of Directors of the applicant bank at a meeting duly called following Resolution:	d and held on(Da	nte)	adopted the
Whereas it is the sense of this meeting that application should be ma a facility at:	,	,	tten consent to establish
Street Address	City	State	Zip Code
in accordance with the provisions of the North Dakota Century Code	<u>. </u>		
NOW, THEREFORE, IT IS RESOLVED, that the President or Vice F to make application on behalf of this bank to the State Banking Boar		bank are herel	by authorized and directed
Street Address	City	State	Zip Code
and to submit in connection therewith information on the several fact Banking Board to grant approval to establish a facility as indicated in		Code for the p	urpose of inducing the State
The above Resolution has not been resinded or modified and has be	een duly entered in the minute book of the app	licant bank. A	pplication is hereby made.
Signature of President or Vice President		Date	
Attest (Cashier or Secretary)		Date	
SEAL			
	E RESPONSIBLE FOR RESPONDIN LATING TO THIS APPLICATION	IG TO	
Name		Date	
Title		Telephone I	Number
SECTION I - PLEASE ATTACH THE	FOLLOWING TO THE COMPLETE	D APPLICA	TION
A. A copy of the applicant bank's most recent month-end financial	statement.		
B. Copies of the applicant bank's year-end financial statements fo	r the last two years.		
SECTION II - MANA	GEMENT OF PROPOSED FACILITY	•	
Name of facility manager and any biological information related to ba	anking experience		
Number of full time equivalent employees			
SECTION III - O	THER BANKS AND FACILITIES		
Identify the trade area for the proposed facility, and the names and a	addresses of all banks within the trade area of	the proposed	acility
A statement relating to whether or not other banks will be seriously in	njured by the approval of this application.		
SECTION IV -DESC	RIPTION OF PROPOSED FACILITY	•	
Description of the site of the proposed facility			
Description of the proposed facility and an estimate of the cost of es	tablishing and maintaining such separate facil	ity	

If the facility is leased, please provide a copy of the proposed lease and justification for the lease not to be capitalized on the bank's books

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SECTION V - FUTURE EARNINGS PROSPECTS DATA

SECTION VI - TYPE OF BUSINESS TO BE CONDUCTED AND PROPOSED BUSINESS HOURS

Estimated Volumn at Year End

	First Year	Second Year	Third Year
1. Total Deposits			
2. Total Loans			

ESTIMATED AVERAGE DEPOSITS AND LOANS FOR THE PROPOSED FACILITY

INSTRUCTIONS: Average deposits and loans for the second and third years are computed by adding figures at the end of the preceding year to the totals at the end of the subject year and dividing by two. (Refer to estimated deposits.)

	First Year	Second Year	Third Year
Total Average Deposit Volume			
2. Total Average Loans			

ESTIMATED INCOME AND EXPENSES OF AND FOR THE PROPOSED OFFICE

INSTRUCTIONS: Gross income is calculated by multiplying the estimated average deposit volume above by the bank-wide rate of gross earnings to average assets for the latest available year. Any departure from this formula must be explained in Comments below.

DESCRIPTION	First Year	Second Year	Third Year
Comments:			

SECTION VI - CONVENIENCE AND NEEDS

Statement relating to the convenience, needs, and we E.g. letters from community, independent study, infor				a to be served by the proposed facility. (Provide map.) that may utilize the new facility.
SECTION VII - TYPE OF BUS	SINESS TO	BE CONDU	CTED AND I	PROPOSED BUSINESS HOURS
List all services which will be provided at the propose	d facility			
Facility proposed business days and hours of operation	on			
SECTION VIII - R	ELATIONS	HIPS AND A	SSOCIATIO	NS WITH THE BANK
Are any architects, real estate brokers, the sellers or applicant? Yes No (If yes, complete t			quipment listed i	in this application directly or indirectly associated with the
NAME	ITEM (Mark Appropriate Column)		olumn)	RELATIONSHIP OR ASSOCIATION WITH BANK (Specify Director, Officer, 5% Stockholder, or their relatives. Designate any business interests of the aforementioned.)
	LAND	BLDG	EQUIP	
If fixed assets are to be purchased from a related par independent appraisals and/or other supporting evide. If an insider is a party to any lease contract in connect a copy or draft copy of the lease.	ence.			n which lease payments were determined and submit

FEES PAID IN CONNECTION WITH THE PROPOSAL

NAME OF RECIPIENT		/PE OF FEES PA ark appropriate colur	_	RELATIONSHIP OR ASSOCIATION WITH BANK (Specify Director, Officer, 5% Stockholder, or their relatives. Designate any business interests of the aforementioned.)	AMOUNT
	LEGAL	CONSULTING	OTHER		

SECTION IX - ADEQUACY OF THE CAPITAL STRUCTURE	
Are there any plans to increase the capital structure other than through retained earnings?	
Are there any plans to increase the capital structure other than through retained earnings? Yes No (If yes, give details)	
(you, g.r.o dollars)	
Provide three years (year-end) projections for total bank assets, liabilities, and equity, which includes the proposed facility:	